Name of Tool	Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR)
Category	Youth Assessment: Sexual Violence Risk (Validated)
Author / Publisher	Worling and Curwen
Year	2001

Description

- The ERASOR is a 25-item structured assessment tool that is designed to assess the risk of sexual recidivism in adolescents who have committed prior sexual offences.
- The items are clustered under five subscales; (1) sexual interests, attitudes and behaviours, (2) historical sexual assaults, (3) psychosocial functioning, (4) family/environmental functioning and (5) treatment. All risk factors are coded as either Present, Possibly Present, Not Present or Unknown.
- The ERASOR is based on the structured professional approach and, as such, does not apply cut off scores or formulas in determining the individual's level of risk.

Age Appropriateness

12 - 18

Assessor Qualifications

Assessors must possess the relevant training/experience in youth assessment.

Strengths

- Considers factors relevant to treatment interventions.

Empirical Grounding

The authors used three sources of information when establishing the items found on the ERASOR - published studies of adolescent sexual offence recidivism (10 studies), published guidelines of clinical judgement of risk and protective factors, and literature on adult sexual offending behaviour (Worling, 2004).

Inter-Rater Reliability

a) UK Research	No empirical evidence at present.

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b) International Research	• Worling, Bookalam, and Littlejohn (2012) found excellent ICC value of .88 for the ERASOR composite score. • Chu et al. (2011) found fair inter-rater reliability for the ERASOR total score (ICC = .49) and clinical risk rating (ICC=.43). • Nelson (2011) reported an ICC value of .64 for the total score. • Rajlic and Gretton (2010) reported an ICC value of .89 for the composite score and .78 for the clinical risk rating. ERASOR risk categories were also examined: sexual interests, attitudes and behaviours (ICC=.74), historical sexual assaults (ICC=.78), psychosocial functioning (ICC=..87), family environmental functioning (ICC=..73) and treatment (ICC=..55). • Viljoen et al. (2009) - the ERASOR demonstrated an ICC of .90 for the total score and .75 for the clinical risk rating. • In her doctoral dissertation, Skowron (2004) calculated inter-rater reliability for 16% of the sample. The total score for the ERASOR was .87. All the scales on the ERASOR had significant ICC: psychosocial functioning (ICC=.87); historical sexual assaults (ICC=.78); sexual interests, attitudes and behaviours (ICC=.74); family/environmental functioning (ICC=.73); treatment (ICC=.55). • In an unpublished Master's thesis, Morton (2003) examined the ICC of the clinical judgment risk rating (.68) and total score (.94) on the ERASOR. • Edwards and colleagues (2005) found that kappa levels ranged from fair to excellent for the different ERASOR domains: attitudes supportive of sexual offending .44; interpersonal aggression .79; unwilling to alter sexual interests/attitudes .82; impulsivity, .88 and ever a male victim 1.0). • Hersant's (2006) doctoral dissertation found that the ERASOR total score was .87. • In an unpublished doctoral dissertation, McCoy (2007) found that the IRR for the ERASOR total score was .87. • A doctoral dissertation found that IRR for clinical judgment was significant at .86 (Chávez, 2010).

	• Nelson (2011) found that the clusters of items ranged from very poor (.03) to excellent (.93). Inter-rater reliability was .76 for the total score and .64 for the clinical judgment rating. • Rojas Mejia (2013) found the IRR was fair for clinical risk rating (.42) and good for the total score (.71).

Validation History

General Predictive Accuracy	
a) UK Research	No empirical evidence at present.
b) International Research	• When applied to a sample of 597 male juveniles with sexual offences, the ERASOR was best-suited to predict sexual recidivism with 0.5 to 3 years (Barra et al., 2018). • Worling, Bookalam and Littlejohn (2012) - moderate to high AUC values were observed for the composite ERASOR score in the prediction of sexual (.72), and non-sexual violent recidivism (.65). Although the measure was unable to predict non-violent recidivism. In shorter follow-up period (2.5 years), the composite score achieved an AUC value of .93 in a sub-group of 70 individuals who had offended. • Rajlic and Gretton (2010) - the ERASOR demonstrated moderate predictive accuracy in relation to sexual (AUC =.71) and non-sexual (AUC =.71) recidivism. Clinical judgment ratings were significantly predictive of sexual reoffending (AUC=.67). • Viljoen et al. (2009) - the ERASOR composite score did not significantly predict sexual, non-sexual and violent recidivism when applied to 193 adolescent males. The clinical risk rating was moderately predictive of sexual recidivism (AUC=.64). • Skowron (2004) - the tool demonstrated predictive accuracy in predicting sexual recidivism (AUC = .71). • In a systematic review of studies, Campbell and colleagues (2016) found evidence that the ERASOR could assist in the predict of risk: three studies recording AUCs of .71, .72 and .77; although one found it did not significantly predict sexual recidivism with an AUC of .54. The ERASOR may also be able to predict future non-sexual

	recidivism but the effect is not consistent across all studies. •Worling and Langton (2015) evaluated scores from a sample of 81 adolescent males with at least one sexual offence. Findings showed the ERASOR was significantly correlated with sexual recidivism in a follow-up period of on average 3.5 years. •A Master's thesis applied the ERASOR to 78 adolescent males. Although the total score was not found to be predictive of sexual recidivism (AUC=.59), it did significantly predict violent (including sexual) reoffending (AUC=.65) (Morton, 2003). •Skowron (2004) tested the ERASOR on 110 adolescent males. It significantly predicted any reoffending (AUC=.67), any nonsexual violent offence (AUC=.68) and any sexual recidivism (AUC=.71). •An unpublished doctoral dissertation by Hersant (2006) applied the ERASOR to 91 adolescent males. Findings showed that the total score (AUC=.66) and clinical judgment risk ratings (AUC=.66) were able to significantly differentiate those adolescents who reoffended from those who offended for the first time. •A doctoral dissertation found the ERASOR total score was not predictive of sexual recidivism (AUC=.50) when applied to 128 adolescent males (McCoy, 2007). •An unpublished thesis applied the ERASOR to 93 adolescent males, yielding AUCs of .48 and .49 for the total score and clinical judgment ratings respectively (Nelson, 2011). •A doctoral dissertation by Rojas Mejia (2013) applied the ERASOR to 100 males. The total score was predictive of violent (sexual and non-sexual) recidivism with an AUC of .67. Adolescents rated as high risk reoffended with a sexual offence at a faster rate than those rated as low risk.

Validation History

Applicability: Females									
a) UK Research	No empirical evidence at present.								

b) International Research	No empirical evidence at present.

Validation History

Applicability: Ethnic Minorities	
a) UK Research	No empirical evidence at present.
b) International Research	• Chu et al. (2011) - in a sample of individuals from Singapore, the ERASOR composite score achieved moderate to high predictive accuracy in relation to sexual (AUC = .74) and non-sexual (AUC = .66) recidivism. The ERASOR clinical ratings obtained AUC values of .83 and .69 for sexual and non-sexual recidivism respectively.

Validation History

Applicability: Mental Disorders	
a) UK Research	No empirical evidence at present.
b) International Research	No empirical evidence at present.

Contribution to Risk Practice

- The ERASOR can aid assessors in identifying risk factors. Some of the factors included in the ERASOR can act as targets for change. These factors can also contribute towards the measurement of progress or deterioration in factors related to the individual's level of risk.
- The ERASOR is currently in widespread use throughout Canada and the United States and a number of other countries.
- The ERASOR can help determine the level of monitoring/rehabilitative efforts required to manage the risk posed by the individual.
- The tool can help assessors develop offence analyses and risk management plans.
- Edwards et al. (2012) found that the ERASOR can be useful in monitoring treatment progress, with significant differences in ERASOR total scores between those who do or do not reoffend.

Other Considerations

- Can be time-consuming to complete.
- Multiple studies have been carried out on the ERASOR by authors other than the tool developers. Mixed findings in previous validation studies regarding its predictive accuracy; although more studies demonstrated good than poor results.
- For more information regarding the ERASOR, supporting documents and for updated research support, please visit radiuschild-youthservices.ca. Electronic copies of the ERASOR can also be accessed for free via the website and contact can also be made regarding the tool at this site.

RMA REDUCING SERIOUS HARM

Name of Tool	Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)
Category	Youth Assessment: Sexual Violence Risk (Validated)
Author / Publisher	Prentky and Righthand
Year	2003

Description

- The J-SOAP II is a 28-item checklist of risk factors designed to assess risk of sexual violence and general delinquency in male adolescents with a history of sexually coercive behaviour and/or convictions for sexual offences.
- The items are grouped under four scales: (1) Sexual Drive/Sexual Preoccupation, (2) Impulsive/Antisocial Behaviour, (3) Clinical/Treatment and (4) Community Adjustment.
- Items are scored on a 3-point Likert scale of 0, 1 and 2 depending on the extent to which the factor is present.
- The J-SOAP-II total and subscale scores can be reported as ratios or proportions reflecting the observed amount of risk rated at a given point in time. The J-SOAP-II does not contain cut-off scores or generate estimates of probability (Viljoen et al., 2017).

Age Appropriateness

For boys aged 12-18

Assessor Qualifications

Assessors must possess the relevant training/experience in youth assessment pertaining to sexual offending, in particularly adolescent development, risk assessment and assessing juveniles with sexual offending. In the manual, it is recommended that assessors liaise with each other intermittently to discuss scoring and keep themselves informed about the recent literature pertaining to juvenile sexual offending.

Strengths

- Measures dynamic variables as well as static ones, which allows for the assessment of change (i.e. progress in treatment) and also informs intervention needs and targets (Yates, 2005).

Empirical Grounding

- The risk assessment variables were developed from research reviews of literature covering 5 areas: (1) clinical studies of juvenile who had sexually offended, 2) risk assessment/outcome studies of juveniles who had sexually offended, 3) risk assessment/outcome studies of adults who had sexually offended, 4) risk assessment/outcome studies from the general juvenile delinquency

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literature, 5) risk assessment studies on mixed populations of adults who have offended (Prentky and Righthand, 2003: 2).

Inter-Rater Reliability	
a) UK Research	None available at present.
b) International Research	• Chu et al. (2012) obtained an excellent ICC of .77 for the composite J-SOAP II score. • Aebi et al. (2011) found good inter-rater reliability for the total index score (ICC = .71) • Martinez, Flores and Rosenfeld (2007) - the J-SOAP II composite score demonstrated good inter-rater reliability (ICC = .70). • Viljoen et al. (2017) assessed the inter-rater reliability of the Intervention and Community Stability/Adjustment scales in the J-SOAP-II. A sample of thirty-seven adolescents yielded an ICC range of .64 to .82, showing good to excellent inter-rater reliability. • Wijetunga et al. (2018a) found there was good IRR when using the J-SOAP-II, with a total scale of .88 and a static summary range of .74-.90. • In a study of 166 juveniles who were followed up over an average time period of 10.75 years, Schwartz-Mette and colleagues (2019) assessed inter-rater reliability using a subset of the sample (n=36). Moderate to good IRR was evident for each of the components: Scale 1 (Sexual Drive/Preoccupation), ICC=.78; Scale 2 (Antisocial Behavior/Impulsivity), ICC=.90; Scale 3 (intervention), ICC=.64; Scale 4 (Community – Stability/Adjustment), ICC=.54, Static scale, ICC=.90, Dynamic scale, ICC=.58 and Total Score, ICC=.78. • Barroso and colleagues (2019) examined the inter-rater reliability of the Portuguese version of the J-SOAP-II and found that this was good to excellent ranging from .73 to .81.

Validation History

General Predictive Accuracy	
a) UK Research	None available at present.

b) International Research	• Viljoen and colleagues (2008) found that the J-SOAP II was less significant in predicting re-offending among younger adolescents. Adolescents aged 15 and younger were more likely than older adolescents to be incorrectly identified as being high risk for sexual and nonsexual violence following discharge. • In a comparative study between a medium security correctional setting and an unlocked residential sexual offending treatment programme, it was determined that there were no significant differences between the sites. The overall predictive accuracy of post-release sexual offending arrests was found to be modest with an AUC of .64 (Martinez et al., 2015). • Maximum likelihood logistic regression analyses were conducted by Viljoen and colleagues (2017) to test the outcome of any reoffending. A lack of relationship between changes scores in the J-SOAP-II and reoffending rates led them to conclude that the J-SOAP-II may not adequately capture the relevant dynamic factors. When risk factors decreased, however, the J-SOAP-II Intervention scale was found to significantly predict lower rates of sexual reoffending (OR=0.14, *p*=.013). • A study in Singapore concluded that the J-SOAP-II only had limited utility for predicting sexual recidivism in a non-Western context: the Sexual Drive/Preoccupation scale was the only significant indicator. Conversely, it did appear to have significant predictive validity for assessing non-sexual recidivism (Chu et al., 2012). • Viljoen, Mordell and Beneteau (2012) - in a meta-analysis, the J-SOAP II composite score attained moderate AUC values of .67 for sexual reoffending and .66 for general reoffending respectively. • Aebi et al. (2011) found that total score showed moderate predictive accuracy for sexual recidivism (AUC=.645) and only a small effect for nonsexual violence and general recidivism (AUCs of .633 and .607 respectively). Further to this, ROC analyses revealed that sexual recidivism was significantly predicted by the J-SOAP II antisocial, adjustment and Sexual Offence Severity (SOS) scales with AUCs of .739, .743 and .751 respectively; however, this did not extend to the remainder of the J-SOAP II scores or the number of sexual assaults against the index victim(s).

	• Rajlic and Gretton (2010) found that the J-SOAP II composite score has moderate to high predictive accuracy in relation to sexual (AUC = .69) and non-sexual (AUC =.77) recidivism. It also found that the J-SOAP-II was not predictive for youth with both sexual and nonsexual offences, suggesting that typological differences may exist. • Prentky et al. (2010) - in a 7-year follow up, the authors compared and contrasted two higher risk subsamples of pre-adolescents (aged 11 years and under) and adolescents (aged 12 years and over). The composite score generated large predictive accuracy with AUCs of .80 and .83 for pre-adolescents and adolescents respectively. • Viljoen et al. (2008) - the J-SOAP II demonstrated poor to moderate accuracy in predicting recidivism with AUC values ranging between .46 to .58. • Wijetunga et al. (2018a) created a psychopathy scale (Scale P) (intended to assess psychopathy) and included it in their study of the J-SOAP-II to test predictive accuracy of this combined measure in 72 juveniles with sexual offences. The scale is not part of the J-SOAP-II and includes items that assess psychopathy. For general nonsexual, violent nonsexual and sexual recidivism, AUCs of .75, .69 and .73 were generated. These were significantly higher that the AUCs for the J-SOAP-II total score, which were .61, .53 and .72 for general nonsexual, violent nonsexual and sexual recidivism respectively. This suggests that inclusion of items that assess psychopathy may enhance the clinical utility of the J-SOAP-II. Further research is required, however, to properly validate this finding; particularly given the small sample size in this study. • Wijetunga et al. (2018b) compared and contrasted the predictive validity of the J-SOAP-II based on age groups and sex drive levels (as measured by item 7 on the J-SOAP-II). It was found that the tool was an adequate predictor of sexual recidivism for younger juveniles (14-16 years) than older ones (17 years and older). In terms of sex drive, adequate predictive accuracy was found for those with a heightened sex drive (AUC=.70); although the predictive accuracy was poor for those with a lower one (AUC=.58). • The J-SOAP-II was tested for 166 juveniles over a 10.75 year period, following them into adulthood. The J-SOAP-II

	Total Score, Scale 1 and Static Score were each significantly associated with new sexual charges (AUCs of .76, .77 and .79). Non-significant results emerged from the rest of the scales. For nonsexual, violent reoffending, all scales bar Scale 1 were significant: Total Score, AUC=.68; Scale 2, AUC=.68; Scale 3, AUC=.66; Scale 4, AUC=.66. With regards to any other offending (nonsexual and nonviolent), Scales 1, 4 and the Total and Static Scores did not demonstrate predictive validity. Scales 2 and 3 and Dynamic Scores yielded AUCs of .63, .60 and .60 respectively (Schwartz-Mette et al., 2019).

Validation History

Applicability: Females									
Not intended for use with females.									

Validation History

Applicability: Ethnic Minorities									
a) UK Research	None available at present.								
b) International Research	• Chu et al. (2012) - in a sample of individuals from Singapore, the J-SOAP II total score had good predictive accuracy in relation to non-sexual recidivism (AUC =.79); however, it was unable to significantly predict sexual recidivism. • Martinez, Flores and Rosenfeld (2007) found predictive accuracy between the composite score and 'any' re-offence (AUC = .76) and sexual re-offence (AUC = .78) in a sample of individuals of African American (63.5%) and Latino (14.7%) ethnic origin. The remainder of the sample were Caucasian (14.7%) or other/unknown (1.9%).								

Validation History

Applicability: Mental Disorders									
No empirical evidence available.									

Contribution to Risk Practice

- The J-SOAP II can aid assessors in identifying risk and responsivity factors specific to the individual (e.g. 'motivation to change').
- Some of the factors included in the tool can act as targets for change.
- The J-SOAP II can contribute to risk management measures such as victim safety planning and contingency planning.
- The tool may be useful in informing treatment and/or interventions and guiding risk management decisions.
- The tool's dynamic scales can help to measure the individual's progress through treatment.
- The developers of the tool maintained that it is an empirically-informed guide to facilitate the systematic review and assessment of items that may predict an increased risk of reoffending and assist with choosing treatment options. They caution that the J-SOAP-II is not to be used as an actuarial scale and it does not provide cut-off scores for categories of risk.
- The findings of the study by Barroso et al. (2019) indicate that the J-SOAP-II can be adapted to different languages. A Portuguese version of the instrument was found to be conceptually equivalent, show acceptable psychometric properties and perform similarly.

Other Considerations

- No cut-off scores have been generated for the J-SOAP II - authors recommend that judgments of the youths' risk of re-offending not be made exclusively on the basis of their J-SOAP II scores (Righthand et al., 2005). Cut-off scores may also be misleading as they do not take into account false positives and false negatives (Righthand, personal communication, January 2013).
- The J-SOAP II is aimed at facilitating short-term case management and intervention goals, so it may be limited in informing long-term decisions (Prentky et al., 2010). Ralston and Epperson (2013) highlight the difficulty in making longer-term predictions on the basis of adolescent behaviour, by testing both adult and juvenile sexual offending tools, including the J-SOAP-II, on juveniles who sexually offended. The accuracy of longer-term predictions of adult sexual recidivism was substantially lower than that achieving in predicting the sexual recidivism of juveniles.
- Scales 2 (related to general delinquency) and 3 (associated with treatment and progress, e.g. accepting responsibility) of the J-SOAP-II were found to have concurrent validity with other youth instruments, the PCL:YV and the YLS/CMI (Barroso et al., 2019).
- The J-SOAP-II manual cautions that decisions regarding an individual's risk of reoffending should not be based solely on the results generated by the tool. The J-SOAP-II should instead be used as part of a more comprehensive risk assessment process.
- For more information on the J-SOAP II please contact the authors, Dr. Robert Prentky or Dr. Sue Righthand.

Name of Tool	Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (*MEGA♪*)
Category	Youth Assessment: Sexual Violence Risk (Validated)
Author / Publisher	Miccio-Fonseca, L. C.
Year	2006

Description

• *MEGA♪* risk assessment tool is the first to *simultaneously* assess risk levels for coarse sexual improprieties (i.e. sexually vulgar comments, expressions and behaviours) and/or sexually abusive behaviours *and* protective factors in youth. It is an outcome measure assessing a youth's progress, with re-assessments taking place every 6 months to compare changes in the youth's risk levels and protective factors.
• *MEGA♪* caters to all levels of developmental and cognitive ability. It is applicable to youth ages 4-19 years, adjudicated or non-adjudicated (males, females, and transgender-females, including youth with low level of intellectual functioning) (Miccio-Fonseca, 2009, 2010, 2013, 2016a, 2016b, 2017a, 2017b, 2018a, 2018b, 2018c, 2019).
• *MEGA♪* generates a computerized scored comprehensive risk assessment report idiosyncratic to the youth assessed, a feature not seen in other risk assessment tools. The reports are appropriate for use in forensic settings to provide information to the court related to baseline risk level and changes in risk and protective factors over time.
• There are two types of reports. *MEGA♪-Individualized Risk Assessment Report* identifies the baseline risk level specific to the individual's risk of engaging in sexually abusive behaviours and protective factors that mitigate risk. The *MEGA♪-Individualized Outcome Risk Assessment Report* provides a comparative analysis of changes in baseline risk level and protective factors over the last 6 months.
• *MEGA♪* incorporates inquiry relating to questionable, sexually-related internet activities, such as sexting and revenge porn, and/or posting inappropriate sexual content on social media (Miccio-Fonseca, 2017b, 2017d).
• *MEGA♪* established four levels of risk. 'Very High' risk has a number of substantially persistent and concerning variables present for potential risk for coarse sexual improprieties and/or sexually abusive behaviours, likely at very critical behaviours requiring immediate intervention. For instance, sexual violence including physical threats and bodily harm, use of a weapon and luring, stalking and/or torturing victims would fall into the 'Very High Risk' category (Miccio-Fonseca, 2017d). The 'Very High' risk level is designed to differentiate youth who are sexually violent and/or predatory violent, including those who are sex traffickers (male or female) (Miccio-Fonseca, 2017c, 2017e).

Age Appropriateness

4-19.99 years

Assessor Qualifications

MEGA♪ can be completed by licensed mental health professionals or non-clinical professionals (e.g., child welfare workers, probation officers, residential support workers). Assessors must have at least 2 years of experience working with sexually abusive youth prior to using the tool, and must complete a one-day certification training.

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Strengths

- *MEGA♪ simultaneously* assesses risk levels and protective factors.
- *MEGA♪* established normative data and calibrated risk levels grounded on given algorithms according to age and gender; no "guess estimates" on the youth's level risk. The risk level assessed is definitive.
- The tool is able to track youth over time and do comparative analysis on changes in risk level and protective factors every 6-months.
- Tested and retested on large ethnically diverse representative samples (over 4,000 youth); making the findings generalisable.
- All cross-validation studies demonstrated significance on predictive validity.
- Applicable to males, females, and transgender-females.
- Applicable to youth with low intellectual functioning
- Applicable to pre-adolescents (youth under 12 years).
- Applicable to adjudicated (those on whom a formal legal decision has been made) and non-adjudicated youth
- Can be used in forensic settings.

Empirical Grounding

The Fonseca Inventory of Sex Offender Risk Factors (FISORF-1998; Miccio-Fonseca, 2005) provided the blueprint of the ecological framework design for *MEGA♪*. The empirically guided variables for the FISORF-1998 and MEGA♪ came from two sources (a) extensive quantitative review of the literature; (b) qualitative clinical interview data from a 7 year (1988-1995) descriptive research study of youth and adult, ages 4-72 (n=656; 72% of the sample under age 18) (Miccio-Fonseca, 1996). The selected *MEGA♪* items were compared against 'best marker' variables identified in logistic regression analysis of the JSORRAT-II construction sample (Epperson et al., 2006; Epperson and Ralston, 2015). Construct validity with JSORRAT-II was established in the *MEGA♪* validation study (Miccio-Fonseca, 2009, 2010).

Inter-Rater Reliability

a) UK Research	Case vignettes were used to analyse the inter-rater reliability of the *MEGA♪* in the sites in England and Scotland. The tool achieved 98%-100% agreement in the scoring of the assessment by those who received *MEGA♪* training on the tool (Miccio-Fonseca, personal communication, January 2013). In each research site, each item was collectively reviewed by professionals to accommodate cultural nuances in language and clarify differences in terms (e.g. educational levels, ethnicity classification, type of adjudication, probation and type of weapons) (Miccio-Fonseca, 2013).
b) International Research	Case vignettes were used internationally to analyse the inter-rater reliability of the *MEGA♪* within the cross-validation study. Scoring of the assessment achieved 98%-100% agreement by those who received *MEGA♪* training (Miccio-Fonseca, personal communication, January 2013).

Validation History

General Predictive Accuracy	
a) UK Research	• A cross-validation study by Miccio-Fonseca (2013) was carried out in several sites in the UK including Scotland and England (further information is available below).
b) International Research	• A cross-validation study was conducted on 1,056 young persons (males and females), 238 of whom were identified through information in the case file as having low intellectual functioning. Sample consisted of youth from 13 research sites from several different countries, which included the US, Canada, (and the UK). The Risk Scale obtained moderate accuracy in predicting sexual recidivism in the age groups 4-12 (n=39) and 13-19 (n=334) years old (AUC of .77 and .71 respectively). It was also found that risk levels increased with age, with those aged 13-15 scoring higher than youth aged 4-12 years old (Miccio-Fonseca, 2013). • Three cross-validation studies (Miccio-Fonseca, 2016b, 2017a, 2018a), as well as two major studies with combined samples (Miccio-Fonseca, 2017a, 2017b, 2017d, 2018c) were carried out. In all five studies, *MEGA*♪ consistently demonstrated consistent predictive accuracy (AUCs ranging from .71 to .91). • An independent 6-year longitudinal study by Rasmussen (2017) compared *MEGA*♪ and J-SORRAT-II. The study was on adjudicated male adolescents (n= 129) in an intensive facility for sexually abusive youth. The study indicated both tools had predictive validity; AUC for the *MEGA*♪ was .67; whilst the JSORRAT-II was not predictive. • In the major study sample of 2717, 12 transgender female youth were present. appear to have more varied sexual experiences and contact than their male/female counterparts. Moreover, there were a greater number of incidents involving adults or adults and children (transgender-females 17%, males 4% and females 3%), as well as those involving more than two victims (transgender-females 50%, males 27% and females 10%). The results indicate that approaches to sexually abusive transgender-female youth should be tailored accordingly (Miccio-Fonseca, 2018b).

Validation History

Applicability: Females	
a) UK Research	None available at present.

b) International Research	• Studies have included males, females, and transgender-females (Miccio-Fonseca 2009, 2010, 2013, 2016a, 2017a, 2017b) • Gender comparisons showed that males scored higher than females. Moreover, there were also differences between age groups: for females, it was found that the older the youth, the lower the protective score (Miccio-Fonseca, 2009, 2010). • Miccio-Fonseca (2016a) reported females were found to present more psychological difficulties in terms of higher incidences of depression and negative affect in the last six months.

Validation History

Applicability: Ethnic Minorities	
a) UK Research	None available at present.
b) International Research	• The *MEGA♪* has been tested and retested on large ethnically diverse representative samples (over 4000 youth from USA and several countries); all cross-validation studies demonstrated prognostic utility making the findings generalisable (Miccio-Fonseca, 2009, 2010, 2013, 2016a, 2016b, 2017a, 2017b, 2017d, 2018a).

Validation History

Applicability: Mental Disorders	
a) UK Research	None available at present.
b) International Research	• An independent study by Fagundes (2013) examined the association between the risk levels from *MEGA♪*, J-SORRAT-II and DSM-IV diagnosis. Findings were that there was a significant correlation between the two tool's ability to measure the same aspect of risk (r = 0.48). • The *MEGA♪* was validated and cross-validated on large samples of youth (N=1184 and 1056 respectively) aged between 4 and 19. The samples also included approximately 20% of youth with low intellectual functioning (Miccio-Fonseca, 2009, 2010, 2013).

Contribution to Risk Practice

- *MEGA♪* empirically establishes a fourth level of risk, for those sexually abusive youth who are the anomalies (i.e. most dangerous and potentially lethal, sexually violent and/or predatory sexually violent) (Miccio-Fonseca and Rasmussen, 2009, 2014, 2018).

- *MEGA♪* is composed of four distinct scales (reflecting the incorporated seven aggregates): (a) Risk Scale, (b) Protective Scale, (c) Estrangement Scale, and (d) Historic Correlative Scale (formally Persistent Sexual Deviancy Scale).

- *MEGA♪* has seven aggregates related to risk for coarse sexual improprieties and/or sexually abusive behaviors, each providing an accumulation of information on particular targeted areas in need of attention for the youth being assessed (i.e., Neuropsychological, Family Lovemap, Antisocial, Sexual Incident, Coercion, Stratagem, and Relationship [Predatory Elements]). Items are rated as either yes or no.

Other Considerations

- The *MEGA♪* can be completed by licensed mental health professionals or non-clinical professionals (e.g., child welfare workers, probation officers, residential support workers). However, assessors must have at least 2 years of experience working with sexually abusive youth prior to using the tool.

- The *MEGA♪ Specialized Risk Assessment*, 1-Day Certification Training is required to use the tool.

- For further information contact L.C. Miccio-Fonseca, Ph.D. via email: lcmf@cox.net